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March 24, May 29, July 21, and October 17, 1903, June 4 and August 25, 1904, and April 11, 1905, Arabia, Persia, India, China, Yokohama in Japan, Manila, Formosa, Egypt, Siam and Tonkin, Madagascar, Reunion Islands, and Mauritius; the cities of Durban, Port Elizabeth, and East London in South Africa; Callao, Lima, and Payta in Peru; the ports in Brazil and Chile; also Brisbane and Maryborough in Queensland shall until further notice be considered infected with the oriental plague.

Christiania, October 12, 1905.

E. HAGERUP BULL.
GEORG JOHANNESSEN.

Precautions against importation of cholera.

[From the royal department of justice and police.]

From the present list of ports infected with cholera the following places are now to be omitted: West Prussia (including the port of Dantzig), Posen, and East Prussia.

According to previous proclamations Palestine, Syria, the cities of Baku and Saratow in Russia and Poland are at present to be considered infected with cholera.

Vessels having cholera patients on board and bound for Norwegian ports should by the pilots be directed to the quarantine station at Odderøen near Christiansand; in other ports the captains are to keep their sick people on board, and in meantime be kept in quarantine.

A number of this circular, which takes the place of the one issued by this department September 27, this year, are inclosed for distribution among interested parties.

Christiania, October 20, 1905.

E. HAGERUP BULL.
GEORG JOHANNESSEN.

PANAMA.

Reports from Colon—Inspection and fumigation of vessels—Cases of estivo-malarial fever removed from steamship Finance—Yellow fever in Panama—Sanitary conditions—Malarial fever in Colon and Cristobal.

Acting Assistant Surgeon Mohr reports, October 25 and 27, as follows:

During the week ended October 21, 1905, the following vessels cleared for ports in the United States and were granted bills of health:

American steamship *Allianza* for New York, October 16, with 69 crew and 113 passengers.

British steamship *Tagus* for New York, via Kingston, Jamaica, October 19, with 173 crew and 242 passengers (23 cabin and 173 steerage for Jamaica; 42 cabin for New York).

American steamship *Finance* for New York, October 21, with 63 crew and 93 passengers.

Two cabin passengers from Gorgona, Canal Zone, were refused passage on the steamship *Finance* on account of high temperature. Both of these cases, however, proved to be estivo-malarial fever.

Sanitary conditions.

Although sixty days have elapsed since the last case of yellow fever was reported in Colon it is not safe to conclude that the infection has been completely exterminated. On the 25th instant an official report of the Sanitary Department announced 2 new cases of yellow fever in Panama, as follows:

A. S., Spaniard, laborer, not an employee of the Isthmian Canal Commission, taken sick October 16, residence Panama, screened at residence.

C. S., Italian, engineer, not an employee of the Isthmian Canal Commission, residence Chepo, Republic of Panama, taken October 17 at Chepo, arrived in Panama and admitted to Ancon Hospital October 23; died October 25.

Chepo is a small town on the coast, west of Panama, communication between the two places being by small boats and a wagon road.

Malarial fever is prevalent to great extent among the laborers on the canal works and among the population of Colon and Cristobal, and is responsible for the unusually high death rate. Of the 57 deaths officially reported during the month of September, 18 occurred in the hospital and 12 of these were from malarial fever.

Of 447 cases treated in the hospital during the month of September, 426 were malarial fever, 6 pneumonia, 5 diarrhea, 4 dysentery, 2 ankylostomiasis, 1 elephantiasis, 2 nephritis, 1 cirrhosis of liver. In the dispensaries maintained in Colon and Cristobal there were 1,816 patients treated, of which 658 were suffering from malarial fever. The diagnosis in all these cases was made both clinically and by blood examination. Among the greatest sufferers from malaria are the recently arrived laborers from Barbados and other West Indian islands.

Although dysentery does not appear to exist in epidemic form it is more prevalent than would appear from the records, as the systematic examination of the stools of patients in the hospital shows the *amoeba* present in many cases of malaria and other diseases in which the symptoms of dysentery are not a marked feature. The ova of ankylostoma are also found in a large proportion of the cases admitted to the hospital.

Besides the deaths from malarial fever which occurred in the hospital there were 11 deaths variously reported as pernicious fever, intermittent fever, bilious fever, and fever, by outside practitioners, all of which might be safely included under the head of malaria, there being little reason to regard any of them as suspicious. This total of 23 deaths from malaria constitutes 40 per cent of the 57 deaths from all causes during the month.

The records of the current month will also show a high rate of mortality. During the week ended October 20, 26 deaths were officially reported in Colon and Cristobal from the following causes: Malaria, 11; pneumonia, 5; phthisis, 2; diarrhea, 4; apoplexy, 2; carcinoma, 1; stillborn, 1.

Of the deaths from malaria 4 occurred in the hospital and 3 of those were reported as pneumonia. A study of the mortality statistics shows that pneumonia is a frequent cause of death among the West India negroes on the Isthmus.